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|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/662,989  | <b>FILING OR 371(c) DATE</b><br>09/15/2003<br><b>RULE</b>   | <b>CLASS</b><br>124           | <b>GROUP ART UNIT</b><br>3711   | <b>ATTORNEY DOCKET NO.</b><br>34586.22 |                                |
| <b>APPLICANTS</b><br>Steve Tentler, Fond du Lac, WI;<br>Lynn A. Tentler, Cape Coral, FL;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b>   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 12/08/2003   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>19              | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>32300   |   |                               |   |  |                                |
| <b>TITLE</b><br>STRAP FOR BOW STRING RELEASE  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>761   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |

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